

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Chet B</i>		11-30-01
O.I.P.E. CLASSIFIER	<i>ES</i>	32	12/11
FORMALITY REVIEW		1089	12/19/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	8/9/03
2	✓
3	✓
4	✓
5	0
6	0
7	0
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	0
15	0
16	0
17	✓
18	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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